

IN THE DISTRICT COURT FOR THE STATE OF ALASKA
AT DILLINGHAM

() STATE OF ALASKA,)
() CITY OF DILLINGHAM,)
Plaintiff,)
v.)
_____,)
Defendant.)
CASE NO. _____ CR

TO: Community Work Service Supervisor

Please complete this form and return it to the court upon completion of community work service by the defendant.

STATEMENT REGARDING COMMUNITY WORK SERVICE

I certify that the above-named defendant has completed:

- ☐ _____ hours of community work service.
- ☐ no community work service.

Date

Signature

Print Name

Agency

RETURN THIS FORM TO:

Address

Dillingham Trial Courts
PO Box 909
Dillingham, AK 99576

Phone

I certify that on _____
a copy of this statement of work completed
was given to the defendant.

Clerk: _____